


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  97 JAN 24 AM 11:03  SECRETARY OF STATE TALLAHASSEE, FLORIDA
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**DOCUMENT #** 95000086931


1. Corporation Name **GANCIA ENGINEERING, INC.**

Principal Place of Business	Mailing Address
c/o 1 S.E. 3RD AVE. STE. 960 MIAMI, FLORIDA 33131	<u>SAME</u>

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

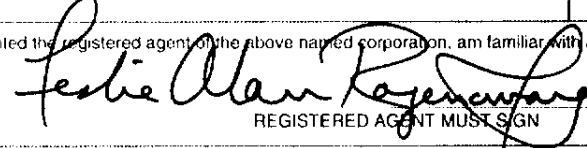
REINSTATEMENT *al-97*

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/13/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0708582	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	WILLY HARRO HERMANN	c/o 1 S.E. 3RD AVE., STE. 960	Miami, FL 33131
VP/D	CARLO V. GANCIA	c/o 1 S.E. 3RD AVE., STE. 960	Miami, FL 33131
S	LESLIE ALAN ROZENCWAIG	c/o 1 S.E. 3RD AVE., STE. 960	Miami, FL 33131
			000002070600---U -01/28/97--01112--013 ***915.00 ***915.00 

8. Name and Address of Current Registered Agent  LESLIE ALAN ROZENCWAIG, ESQ. 1 S.E. 3RD AVE. STE-960 MIAMI FLA 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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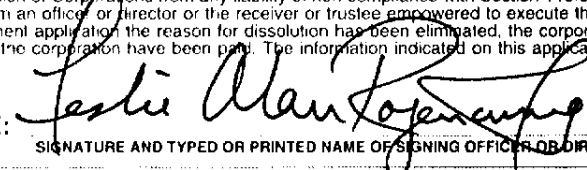
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date: 1/23/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  LESLIE ALAN ROZENCWAIG (305) 379-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2040 (12/95)